## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-28-10</u>	Address:	EBENEZER CHURCH RD
Case #:	<u>45-50869</u>		NEAR CRONE RD.
County:	CLARK		BORDEN,IN
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel	
Chemic	al/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Dep	extrement: BORDEN/WOOD VFD  Deartment: CLARK CO  Section Service: CLARK CO	Fax: <u>812-9</u> Fax: <u>812-2</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JACKIE SMITH</u> Phone <u>812-246-5424</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.